

# Transportation Management Program Annual Report & Program Description



The City of Kirkland Transportation Management Program (TMP) ordinance requires building management to implement programs that encourage alternatives to drive-alone commuting to their worksites. Reducing commute trips is expected to help improve air quality, reduce traffic congestion, and decrease the use of petroleum fuels.

Buildings and office parks affected by the TMP ordinance must submit an *Annual Report & Program Description* form for their worksite. The information is used by the city and the Washington State Department of Transportation (WSDOT) to help develop and maintain effective TMP programs.

Please complete the following report as carefully and completely as you can. Specific instructions are included in sections requiring detailed answers. If you would like to provide more information about your TMP program, attach additional pages with your comments.

If, after filing the report for this reporting period, your organization is unable to completely implement its TMP program, contact your local jurisdiction to amend your program. If you have any questions on how to fill out this form, please call Heather Follings your City of Kirkland TMP representative.

This MS Word form can be downloaded from the CTR web site under "CTR Tools," which is located at <http://www.metrokc.gov/kcdot/alts/employer/index.htm>

## Worksite Description

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1. Site/building name

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2. Site address/zip

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3. Owner/developer/property manager: official contact name

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4. Official contact address/zip (if different than site)

5. Official phone number: \_\_\_\_\_

6. Official fax number: \_\_\_\_\_

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7. Site Transportation Coordinator (TC) name

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8. TC address/zip (if different than site)

9. TC phone number: \_\_\_\_\_

10. TC fax number: \_\_\_\_\_

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11. TC e-mail address:

## Employee Information

12. Total number of tenants:

*\* Please include current tenant list*

Total number of employees:

13. Is there public pay-parking available nearby?

☐ yes ☐ no

14. Is there free public parking available nearby?

☐ yes ☐ no

## Parking Information

Number of parking spaces provided by the site:

15. Total on-site parking spaces:

16. Carpool:

17. Visitor:

18. Disabled:

19. Percentage total on-site parking spaces vacant (average):

Monthly commuter parking rates:

20. Single-Occupant Vehicle:

\$

21. Carpool/Vanpool:

\$

Public Parking:

22. Is there public pay-parking available nearby? ☐ yes ☐ no

23. Is there free public parking available nearby? ☐ yes ☐ no

## Site Characteristics and Amenities

**Required Element:** State law requires your organization to implement a set of measures designed to achieve TMP goals. Your program must include at least one element. Some local ordinances may have other requirements. Please fill in the required information for only those program elements included in your TMP program.

24. Gross sq. footage

25. % space leased

26. % space vacant

27. Type of use (office mixed use, medical/dental, school)

28. # tenant companies\*

29. # site occupants/ employees

\*If site has tenant companies, attach a list with the following information for each tenant company: company name, number of employees, number of parking spaces in lease, contact name.

30. If site is a school:

# site employees

# site students

31. Services within 1/4 mile? (check below if available)

☐ bus stop

☐ restaurant(s)

☐ ATM

☐ child care

☐ mailing service

☐ dry cleaner

☐ pharmacy

☐ gym

32. Showers on-site: ☐ yes ☐ no

33. Clothes lockers on-site: ☐ yes ☐ no

34. Bike rack on-site: ☐ yes ☐ no

**Do you offer?**

	Yes	No
35. Commuter information centers	<input type="checkbox"/>	<input type="checkbox"/>
36. Covered spaces for bicycles	<input type="checkbox"/>	<input type="checkbox"/>
37. Uncovered spaces for bicycles	<input type="checkbox"/>	<input type="checkbox"/>
38. Clothes lockers	<input type="checkbox"/>	<input type="checkbox"/>
39. Showers	<input type="checkbox"/>	<input type="checkbox"/>
40. On-site loading/unloading zones or shelters for non-SOVs	<input type="checkbox"/>	<input type="checkbox"/>
41. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

42. What changes if any, are anticipated in the next 12 months: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

43. Briefly explain how you manage and monitor your worksite parking program. If this organization does not provide any parking for the building, please indicate that in this space.

## Financial Incentives and Subsidies

Identify the average monthly subsidies offered to employees at this worksite, and the average number of employees participating per month.

	Do you offer?		Average monthly subsidy paid per employee
	Yes	No	
44. Transit (bus) subsidy	<input type="checkbox"/>	<input type="checkbox"/>	\$
45. Ferry subsidy	<input type="checkbox"/>	<input type="checkbox"/>	\$
46. Vanpool subsidy	<input type="checkbox"/>	<input type="checkbox"/>	\$
47. Carpool subsidy/incentive	<input type="checkbox"/>	<input type="checkbox"/>	\$
48. Walking subsidy/incentive	<input type="checkbox"/>	<input type="checkbox"/>	\$
49. Bicycling subsidy/incentive	<input type="checkbox"/>	<input type="checkbox"/>	\$
50. Train (Rail) Subsidy	<input type="checkbox"/>	<input type="checkbox"/>	\$
51. Flexpass/Other pass program	<input type="checkbox"/>	<input type="checkbox"/>	\$
52. Other transportation allowance/stipend	<input type="checkbox"/>	<input type="checkbox"/>	\$
53. Opportunity for TMP participants to receive cash or prizes, paid leave, other incentives	<input type="checkbox"/>	<input type="checkbox"/>	

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

54. What changes to incentive and subsidy programs, if any, are anticipated in the next 12 months:

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## Program Elements/Activities

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**Transportation Coordinator:** *Required Element: The City of Kirkland TMP requires your organization to appoint a Transportation Coordinator (TC).*

55. Where is name/phone of TC displayed? \_\_\_\_\_

56. How long has TC been in this position? \_\_\_\_\_

57. Percent of time spent on TC activities: \_\_\_\_\_

**Promotions/Marketing:** *Required Element: The City of Kirkland TMP requires your organization to distribute information to promote your commuter benefits program and SOV (single occupant vehicle) commute alternatives, at minimum, at least once a year to all site occupants and to new occupants upon arrival. Attach a printed piece from each activity below that was implemented.*

Distribution of commuter benefits program information:

58. To all site occupants:

\_\_\_\_\_  
Date distributed

59. To new employees/occupants at time of hire/occupancy:

\_\_\_\_\_  
how often?

60. Commuter information center:

Who stocks the display? \_\_\_\_\_

61. Check the promotions below that were implemented:

☐ Rideshare  
Week

☐ Bike to Work  
Day

☐ Other (please  
describe)

62. Do you have a newsletter/bulletin that is distributed to tenants, employees or students?

☐ yes ☐ no

If so, how often?

\_\_\_\_\_  
If so, attach a copy of each commuter-related article or issue

63. Presented commuter information at meeting(s): ☐ yes ☐ no

Nature of meeting(s): \_\_\_\_\_

\_\_\_\_\_

**TMP Program Elements:** *Your TMP requires your organization to implement measures designed to reduce SOV commuting, some of which may be listed below. Please refer to your TMP for specific requirements. Please note all elements that have been implemented and offered to site occupants (please also include any that are in addition to those required) below:*

64. Carpool/Vanpool Parking: how is it implemented and monitored?

Permits/stickers issued? ☐ yes ☐ no If yes, number currently issued: \_\_\_\_\_

Average # of parking spaces used per month: \_\_\_\_\_

65. Guaranteed Ride Home Program: ☐ yes ☐ no

Miles per trip allowed: \_\_\_\_\_ Number of trips/year allowed: \_\_\_\_\_

Average number of trips used this year: \_\_\_\_\_

66. Transit Fare Subsidy: ☐ yes ☐ no

Monthly subsidy amount: \$\_\_\_\_\_

How is the subsidy provided? (check appropriate box below)

☐ Passes provided on-site ☐ Reimbursement ☐ Commuter Bonus vouchers

67. Alternative Work Schedule Program (please describe): \_\_\_\_\_

\_\_\_\_\_

68. Other Incentives (please describe; attach an additional sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Commitment Statement:

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I understand that the site listed above is required by the city to implement a TMP. I am aware that the goal is to reduce the site's SOV trips. I have reviewed this report and the site has implemented elements as I have noted above.

\_\_\_\_\_  
Transportation Coordinator signature

\_\_\_\_\_  
Date

**Mail your completed report to the address below. You may fax your report in order to meet your deadline. However, you must follow up by mailing the original.**

King County Metro  
Commute Trip Reduction Services  
Attn: Heather Follings  
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400 Yesler Way  
Seattle, WA 98104

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